Complete and shall this form, together applic



RT B-ISSUE FEE TRANSMITTAL

applicable fees, to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231



(Depositor's name)
(Signature)

MABLING INSTRUCTIONS: This tarm should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patient, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

PTOL-85B (REV.10-96) Approved for use through 06/30/99. OMB 0651-0033

021005 WM02/0815 HAMILTON BROOK SMITH AND REYNOLDS, P.C. TWO MILITIA DR LEXINGTON MA 02421-4799

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the Urited States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Mary Quan

				September	(Date)	
APPLICATION NO.	FILING DATE	TOTAL CLAIMS		EXAMINER AND GR	OUP ART UNIT	DATE MAILED
09/047,894	03/25/98	026	POPE,	D	26	532 08/15/01
First Named CAPOWSK 1	,	35	USC 154	(b) term ex	t. = 0	Days.
TITLE OF ALARM SYSTE	M WITH INDIV	IDUAL ALA	RM INDIC	CATOR TESTI	NG	ŧ
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
° 2 SIMB97-08	340-51	4.000 K	67 UT	ILITY NO	\$1240.	00 11/15/01
1. Change of correspondence address Use of PTO form(s) and Customer N Change of correspondence addre PTO/SB/122) attached. "Fee Address" indication (or "Fee	umber are recommended, b ss (or Change of Correspon	ut not required. dence Address form	(1) the names attornays or a the name of member a re and the name	on the patent front page of up to 3 registered pe agents OR, alternatively a single firm (having a gistered attorney or ag s of up to 2 registered pe gents. If no name is listed printed.	atent 1 Reyno (2) as a pent) 2	on Brook Smith & olds, P.C.
ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assigne Inclusion of assignee data is only at the PTO or is being submitted under filling an assignment.	e is identified below, no assi opropiate when an assignme	gnee data will appear nt has been previous	on the patent. ly submitted to	of Patents and Trad		eck payable to Commissioner
(A) NAME OF ASSIGNEE Simplex Time Recorder Company (B) RESIDENCE: (CITY & STATE OF COUNTRY)				4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER08+0380		
Gardner, Massachusetts 01441 Please check the appropriate assignee category indicated below (will not be printed on the patent) I individual Corporation or other private group entity I government				(ENCLOSE AN EXTRA COPY OF THIS FORM) SI Issue Fee Advance Order - # of Copies		
The COMMISSIONER OF PATENTS		ested to apply the Iss	ue Fee to the app			
(Authorized Signature)	Thung	(Date)		<u> </u>		
NOTE; The Issue Fee Will not be acce or agent; or the assignee or other part Trademark Office.						
Burden Hour Statement: This form depending on the needs of the indi- to complete this form should be se Office, Washington, D.C. 20231. D ADDRESS. SEND FEES AND TH Patents, Washington D.C. 20231	idual case. Any comment nt to the Chief Information O NOT SEND FEES OR (IS FORM TO: Box Issue f	s on the amount of to the Officer, Patent and COMPLETED FORI Fee, Assistant Com	ime required d Trademark MS TO THIS missioner for	01/20/2001 IF 01 Ft:142 02 Ft:361	NUME11 00000137 (7947894 1240.00 BP 45.00 BP
Under the Paperwork Reduction Ac	t of 1995, no persons are re alid OMB control number.	equired to respond to	o a collection			

TRANSMIT THIS FORM WITH FEE